Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1	0	76816	( )
	()	TOXIC	<b>)</b> /

Encouve October 1, 2005								<u> </u>		276	8161	
CLAIMS AS			S FILED - PART I (Column 1)		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							RAT	E	FEE	7	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			5 - minus 20=		* 6		XS 9	)=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		Ø		X43	=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT /				+145	=		OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column			column 2	TOTA	\L		OR	TOTAL	
	·	LAIMS AS A	MENDED - PART II			OTHER THAN						
		(Column 1)	(Column 2) (Column 3)			SMAI	LL E	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**		=	XS 9	-		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=	X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145:	_		OR	+290=	
				TOT ADDIT, F				TOTAL ADDIT. FEE				
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT: 1				ADDITITEE!	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total .	*	Minus	**			X\$ 9=			OR	X\$18=	
AME	Independent	TATION OF MU	Minus	***	CL AINA	=	X43=	1		OR	X86=	
	FINST FRESE	NIATION OF MC	ILIPLE DEF	ENDENT	CLAIM		+145=			OR	+290=	
							TOT/ ADDIT. FE			OR ,	TOTAL ADDIT. FEE	
5.		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Ind pendent	* .	Minus	***		= .	X43=	T		OR	X86=	
		NTATION OF ML			<del>, , , , , , , , , , , , , , , , , , , </del>		+145=	1		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPTION OF TOTAL ADDIT. FEE												
1	he "Highest Num	ber Previously Paid	I For* (Total or	Independen	nt) is the l	highest number	found in the	appro	opriate box	in colu	mn 1.	